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APR 11 2011

PTO/SB/22 (07-08)

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 80718-612868	
FY 2009 <small>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</small>		Filed April 18, 2000	
Application Number 09/551,408		For METHODS AND APPARATUS FOR STORING CHEMICAL COMPOUNDS IN A PORTABLE INHALER	
Art Unit 3771		Examiner Clinton T. Ostrup	

This is a request under the provisions of 37 CFR 1.138(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$85	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$ 1110
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☒ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/98).

☒ attorney or agent of record. Registration Number 50,335

☐ attorney or agent under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34 _____

David W. Boyd
Signature

April 11, 2011
Date

David W. Boyd, Reg. No. 50,335
Typed or printed name

303-571-4000
Telephone Number

Adjustment date: 05/17/2011 CKHLOK
01 FC:1253 -1110.00

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. If submitted by more than one signature is required, see below.

☐ Total of _____ forms are submitted.

04/12/2011 11:21:11 00000010 09551408

01 FC:1253

1110.00 00

Refund Ref:
05/17/2011

0030097736

Credit Card Refund Total: \$1110.00

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: 05/12/11		2 Serial/Patent # 09/551,408									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
X	Extension of Time	XT/	04/11/11	\$ 1,110.00							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND		\$ 1,110.00						
8 TO BE REFUNDED BY: CREDIT CARD											
10 REASON:		Treasury Check									
	Overpayment	Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">--</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						--			
		--									
X	No Fee Due (Explanation):										
EXTENSION OF TIME FILED OUTSIDE MAXIMUM EXTENDABLE PERIOD.											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: April M. Wise		TITLE: Petitions Examiner									
SIGNATURE: /APRILMWIS/		PHONE: 571-272-1642									
OFFICE: Office of Petitions											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED:		DATE: 5/17/11									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**